İ	Under the Pe	perwork R PATEN	eduction A	lad 18	Best	Ava	ilable Cop	y world (U.S. Pelen	d and t	Appro rademation	ved (or k Office t unless	V44 (h. 0; U.S.	ICIT ADUOT	P1 12008. MENT	TO/58/06 (12- OMB 0651-00 OF COMMER
•				Şu	balliule ic	X Fon	ETERMINA III PTO-875	ATIO Effec	N RECO	RD	2004		Appl	callon or C	ocker d OMB	pontrol nume
ı	APPLICATION AS FILED - PART I												_1(456	Δ	795
-			SMALL ENTITY					•	OTHER THAN	R THAN						
	FOR	·	MU	IMBER FE	EO		(Column 2) UMBER EXTRA			WILL C			OR	\$	MALL	ENTITY .
	BASIC FEE DICER 1.16(1), (bi, or (ci)		ŅVA			N/A		RATE		FEE		. :	BATE	(1)	550
. 17	BEARCH FEE BY CFR 1 16(4), 6			N/A		<u></u>		_	NA		150.0	∞ _		NVA		300.00
	EXMUNATION	FFF	N/A			1	N/A.	↲.	· NA	\$25)		N/A	**********	\$500
- 11	TOTAL CLAIMS)r ox (d))				·	N/A		NA		\$100	,		NVA		-
1	NOEPENDENT	CI ABLE		min	# 20 e				X\$ 25							\$200
1.5	17 CFR 1.16(h))		minus 3		us 3 e				X100	, 			.OR	X\$50		
Ā	PPLICATION S	IZE ·	If the st	he specification and sets of paper, the ap		drawings exceed 100		5				-	1	X200	•	
	EE 17 CFR 1.16(6))									•		- [·	T	
-			35 U.S.	C. 41 (a)	eets or fra (1)(G) and	action d 37 (for each Thereof. See CFR 1.16(s).		•					•		
M	ULTIPLE DEPE	NDENT C	LAIM PRE	E) TN33	7 CFR 1,16	(D)	11.5(0).	7	+180=	-		-				
	If the difference in column 1 is less than zero, enter "o" in column 2.										·	4	L	+360=		
									TOTAL	L		_]		TOTAL		
·	APPLICATION AS AMENDED - PARTII														<u>_</u>	
-		_	ıma 1)		(Colu	/mn 2)	(Catumn 3)		SMAI	i en			PR	ОТН	ER TI	; ,,,,
AMENDMENTA	2-1/0-11	7 REM	AIMS AINING	UNG. NUM			FR PRESENT			LL ENTITY		آ ا	··`	SMA	L EN	TITY
	Total	AMEN	TER IDMENT		PREVIC PAID	Y ISUK	EXTRA		RATE (\$)		ADDI- TONAL	1		RATE (1)		-ADOL
S	D7 CFR 1/14(I)		0:	Minus	2	0	-	1 1;	K\$ 25	1-5	EE (\$)		-			FEE (1)
3	OTOFA LIGHT		Y	Minus.	1		-	1 ŀ~	X100	-	- -	OR	X	\$50		
.¥		-		-		, OR	X	200								
	FIRST PRESEN	RIST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.160)										1	<u> </u>	•	_	
									180= OTAL	┤	-	OR		360=		
		(Colum	in 1)	.:				·: A	DO'L FEE	<u>L</u>	 	OR	ADI	TAL D'L FEE		
a	:	CLAI REMAI	MS T	1	(Colum HIGHE:	ST	(Column 3)	<u> </u>						· .		
		AFTI	ÉR (PREVIOU	SLY	PRESENT EXTRÁ		PATE (\$)		DD1-		R	ATE (\$)		
Ã.	Total groff Light	* *************************************		Minus.	PAID PC	JR.	*	<u> </u>		FE	E(I)	•		. – (*)	· Tk	DDI- DNAL
6 L	Independent Di OFR LIEAU	•		Minus	444	$\overline{}$	=	_	\$ 25 .		_ 7	OR	XS	50 -		(E (3)
		Fee (37 C				1		LX	100			OR I	X20	10		
K.I.	Application Size Fee (37 CFR 1.16(s)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(0))									·		OK V		-		
		+	180=		1	OR	+36	\$0=								
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* (the entry in col	lumn 1 ls k	ss than th	he entry to	column 2,	wile '	"O" in column 3		TL FEE			OR '	ADD	FEE	· •••	• 1
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